PATENT APPLICATION FEE DETERMINATION REC								ORD	Application of Docker Number				
Effective December 8, 2004									10/566335				
CLAIMS AS FILED - PART I								SMALL ENT	ITY _	OR	OTHER SMALL E		
(Column 1) (Column 2)) I	SHIALL E		
U.S. NATIONAL STAGE FEES								RATE	FEE .		RATE	FEE	
BASIC FEE			SMALL ENT. = \$ 150			E ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	300	
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$50 / \$100 U.S. is ISA = \$50 / \$100			ner situations = 100 / \$ 200	ŀ	EXAM. FEE			EXAM. FEE	3	
SEARCH FEE			0.5. IS ISA = \$5 ALL other count \$ 200 / \$ 40	tries =	ALL other situations = \$ 250 / \$ 500			SEARCH FEE			SEARCH FEE	400	
FEE FOR EXTRA SPEC. PGS.			minus	100 =	/ 50 =			X \$ 125 =			X \$ 250 =	· · · -	
TOTAL CHARGEABLE CLAIMS			2 minu	ıs 20 =	,			X \$ 25 =		OR	X \$ 50 =		
IND	PENDENT CL	AIMS) mir	nus 3 =				X \$ 100 =		OR	X \$ 200 =		
		DENT CLAIM PRE				. 🗆	L	+ \$ 180 =		OR	+ \$ 360 =		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	902)	
CLAIMS AS AMENDED - PART II O 7 7 0 (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
AMENDIMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 2	Minus	"	20	=		X \$ 25 =		OR	X \$ 50 =		
	Independent	. 2	Minus	•••	3	=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						Į	+ \$ 180 =		OR	+ \$ 360 =		
								TOTAL ADDIT. FFF		OR	TOTAL ADDIT.		
		(Column 1)		(Colur	nn 21	(Column 3)							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus '	**		-	ſ	X \$ 25 =		OR	X \$ 50 =		
AMEN	Independent	•	Minus '	***		-		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM			+ \$ 180 =		OR	+ \$ 360 =		
			-	TOTAL ADDIT. FFF		OR	TOTAL ADDIT.						
								•		-	•		
••		mn 1 is less than the Imber Previously Pai										ſ	
***	_	imber Previously Paid mber Previously Paid					in the	e appropriate box	in column 1.				